



City of Trinity Volunteer Application

If you are a Trinity resident, at least 18 years old, and willing to volunteer your time and expertise to your community, please complete and submit to Trinity City Hall

NAME: _____ WARD: _____

HOME ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY, STATE ZIP: _____

TELEPHONE: (W) _____ (H) _____ (C) _____

FAX: _____ E-MAIL: _____

PLACE OF EMPLOYMENT: _____

PLEASE LIST (IN ORDER OF PREFERENCE) THE BOARD OR COMMITTEE ON WHICH YOU WOULD BE WILLING TO SERVE. City of Trinity supports the following Board & Committees: Planning & Zoning Board; Infrastructure / Parks and Recreation Committee and Public Safety Board. (City residency required for all boards/committees except Public Safety.)

1. _____
2. _____
3. _____

PLEASE LIST ANY WORK, VOLUNTEER, AND/OR EDUCATIONAL EXPERIENCES YOU WOULD LIKE COUNCIL TO CONSIDER IN THE REVIEW OF YOUR APPLICATION. ATTACHING A RESUME IS OPTIONAL.

WORK EXPERIENCE (List relevant work experiences):

VOLUNTEER EXPERIENCE:

EDUCATION:

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OTHER COMMENTS:

ARE YOU A REGISTERED VOTER? Yes _____ No _____

CONFLICT OF INTEREST STATEMENT:

A conflict of interest or a potential conflict occurs if a board or committee member has a separate, private, or monetary interest, either direct or indirect, in any issue or transaction under consideration. Members of advisory boards and commissions shall not discuss, advocate, or vote on any matter in which they have a conflict of interest or an interest which reasonably might appear to be in conflict with the concept of fairness in dealing with public business.

A conflict of interest does not preclude appointment to City boards and committees. Disclosure of possible conflicts of interest protects you and the City.

Do you foresee having a conflict of interest with any matters you may address if appointed to this board or committee?

Yes _____ Please explain: _____

No _____

I understand this application is a public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board or Committee. I also understand that regular attendance is required and is important to the success of the Board or Committee and accordingly, if my attendance is less than the standards established that this is cause for removal.

Please return this completed form to Trinity City Hall as soon as possible to be considered during the next round of appointments to a City Board or Committee.

Delivery: 6701 NC Hwy. 62, Trinity
Mail: PO Box 50, Trinity NC 27370
E-mail: cityhall@trinity-nc.gov
Fax: 431-5079

Signature

Date